

Table of Contents

State/Territory Name: Vermont

State Plan Amendment (SPA) #: 23-0039

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 9, 2023

Monica Ogelby, Medicaid Director
Vermont Agency of Human Services
280 State Drive - Center Building
Waterbury, VT 05671

Re: Vermont State Plan Amendment (SPA) 23-0039

Dear Director Ogelby:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0039. This amendment specifies that select incontinence supplies must be supplied by the statewide contracted vendor unless prior authorized.

This letter is to inform you that Vermont's Medicaid SPA 23-0039 was approved on November 9, 2023, with an effective date of August 15, 2023.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at Gilson.DaSilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dylan Frazer, Deputy Director of Medicaid Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 3 9

2. STATE

VT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

8/15/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §430.12(c)(1)(ii)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ (40,181)

b. FFY 2024 \$ (177,241)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att. 3.1-A page 3e

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Att. 3.1-A page 3e

9. SUBJECT OF AMENDMENT

Establishing statewide incontinence supply vendor

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED: Approval from Agency of Admin.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Jenney Samuelson

13. TITLE
SECRETARY, AGENCY OF HUMAN SERVICES

14. DATE SUBMITTED
9/29/2023

15. RETURN TO

DYLAN FRAZER
DEPARTMENT OF VERMONT HEALTH ACCESS
280 STATE DRIVE
WATERBURY, VT 05671-1010

DYLAN.FRAZER@VERMONT.GOV

FOR CMS USE ONLY

16. DATE RECEIVED 09/29/2023

17. DATE APPROVED 11/09/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 08/15/2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

ITEM 7. HOME HEALTH SERVICES

Home Health services are provided in accordance with 42 CFR 440.70.

Home Health Services are provided to a beneficiary at their place of residence and in any setting in which normal life activities take place, other than a hospital, nursing facility; intermediate care facility for individuals with intellectual disabilities; or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Home Health services cannot be limited to services furnished to beneficiaries who are homebound.

Home Health intermittent or part-time nursing services, home health aide services, and therapy services must be provided on orders written by a physician, nurse practitioner, clinical nurse specialist or physician assistant, working in accordance with State law, as part of a written plan of care that the ordering practitioner reviews every 60 days.

Home Health services are covered when a practitioner documents that a face-to-face encounter occurred with the beneficiary according to the requirements found at 42 CFR 440.70.

- A. Intermittent or part-time nursing services are covered as ordered in a plan of care.

Home telemonitoring is a service delivery system that requires scheduled remote monitoring of data related to an individual's health, and transmission of the data from the individual's home to a licensed home health agency. The data transmission must comply with standards set by the Health Insurance Portability and Accountability Act (HIPAA).

Data parameters are established as part of a plan of care. Scheduled periodic reporting of the individual's data to the ordering provider is required, even when there have been no readings outside the parameters established in the plan of care. Telemonitoring must be available 24 hours per day, 7 days a week. Review of data received via telemonitoring is performed by health care professionals operating within their scope of practice and includes registered nurse (RN), nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA), and licensed practical nurse (LPN) under the supervision of a RN.

- B. Home health aide services must be documented in a plan of care and supervised by the appropriate therapist or RN. Personal support tasks may be performed by an aide when they are incidental to the medical care being provided, such as putting the soiled bedclothes of an incontinent patient into the wash or washing the dishes of a patient who requires feeding.
- C. DME is provided to a beneficiary on written orders from a physician or licensed practitioner of the healing arts acting within the scope of practice under state law, as part of a written plan of care, which must be reviewed by the ordering practitioner annually. Medical supplies, equipment and appliances are limited to those required to perform the services ordered as medically necessary to address the beneficiary's diagnosis or health condition. Services beyond published limits are subject to medical necessity review by Vermont Medicaid. In accordance with 42 CFR §431.54(d), select incontinence supplies must be supplied by the statewide contracted vendor. With prior approval, the contracted incontinence supplies may be obtained from other durable medical equipment providers.
- D. Therapy services, whether occupational therapy, physical therapy, or speech pathology services, are covered for up to four months. Provision of therapy services beyond the initial four-month period is subject to review for medical necessity by Vermont Medicaid.